

**Department of Commerce
Occupational Safety and Health Program
Report**



September 2005

**Department of Commerce
Office of Occupational Safety and Health
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Executive Summary

The monthly Occupational Safety and Health report provides leaders and managers with an overview of the effectiveness of the Department's Occupational Safety and Health program. The report is based on the latest available data for the Department derived from employee compensation claims and measures the Department's progress towards meeting the goals of the President's Safety, Health, and Return-to-Employment (SHARE) initiative.

This report addresses the status of statistics based on accident reports submitted to bureau safety offices. Data is being gathered for Calendar Years, 2004 and 2005. This data is gathered by Calendar Year to meet the new accident reporting requirements outlined in 20 Code of Federal Regulation (CFR) Part 1904.

The cost of accidents as shown by Workers' Compensation Claims ended where it was forecast at \$14.4M. The number of claims filed for July and August was up slightly but remains below the 2004 level. For the fiscal year total claims are down.

This month's report highlights the initiatives to reduce the cost of Workers' Compensation to the Department. Several initiatives are on-going with more to begin in the next quarter.

Also included in this month's report is a summary of the results from four small bureau safety and occupational health program assessments. The Office of Occupational Safety and Health will work with each small bureau to correct these issues. Four additional small bureaus will be assessed in 2006. The Office of Occupational Safety and Health has a schedule that allows for every bureau of the Department to be assessed once every three years.

Finally in this report is information about Colds, Flu, and Hypothermia. The health section provides a description, symptoms, and first aid for each.

September Report

Purpose. To provide managers and leaders within the Department of Commerce with information about the effectiveness of the Department's Occupational Safety and Health program. This report is based on the latest available workers' compensation data for the Department derived from employee compensation claims. Wellness information is also provided to assist employees in preparing for the fall and winter season. The Office of Occupational Safety and Health will publicize the hazards and recommendations in this report using the Department's web page. They will also work with bureau safety offices to further analyze the data and implement recommendations as appropriate for each bureau.

Discussion.

Accident Reporting. The Office of Occupational Safety and Health is continuing work on the accident reporting system for the Department. The accident log for Calendar Year 2004 is partially complete and work is also being done for Calendar Year 2005. This log will be maintained by calendar year in accordance with changes to 29 Code of Federal Regulation Part 1904. Calendar Year 2004 will be the base year for this data. The data is incomplete and a trend analysis can not be done for this month's report.

Worker's Compensation Claims Analysis. Workers' Compensation Claim Data tells us that the Monthly Total Recordable Case Incident Rate is climbing again after a downward trend from March to June of 2005. However, the rates are below the rates for July and August of 2004. The run of this rate over time remains between 1 and 2, see figure 1.

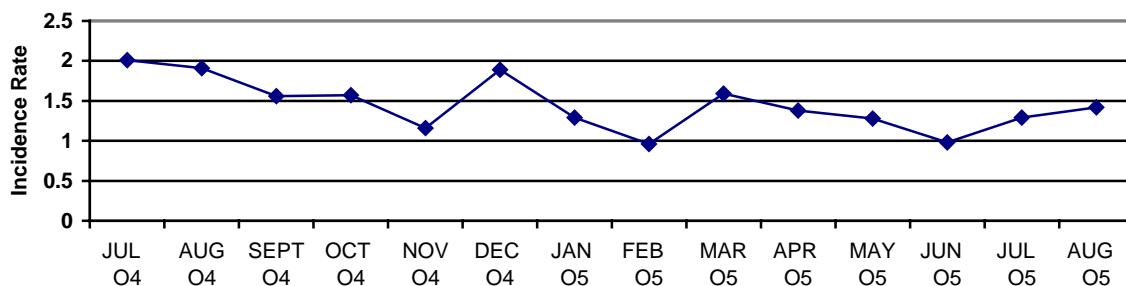


Figure 1. Monthly Total Recordable Workers' Compensation Case Incident Rate Trend

Total Case Incidence Rate is down from previous years. The downward trend needs to continue a downward to an incident rate of 0.76 claims per 100 employees, see figure 2.

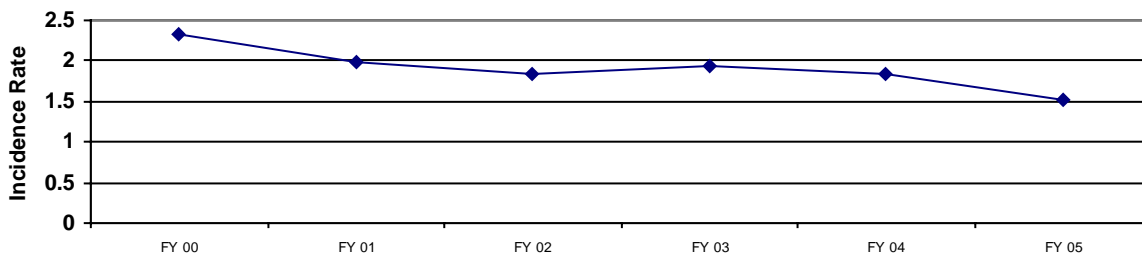


Figure 2. Total Workers' Compensation Case Incident Rate Trend

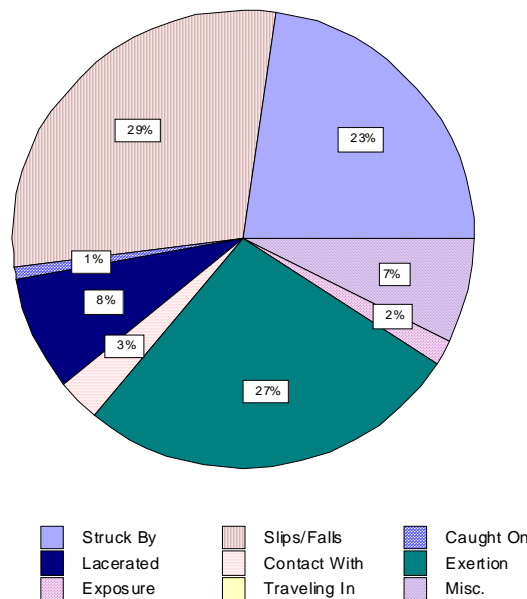


Figure 3. Workers' Compensation Claims by type for first three quarters of Fiscal Year 2005.

Figure 3 shows very little change in the types of accidents that resulted in claims from Fiscal Year 2004 to Fiscal Year 2005. The three main accident types that account for most of the accidents unfortunately are considered by safety and loss control professionals to be the most difficult to control and eliminate.

The predominate cause for slips and falls is uneven walking surfaces. However, spills on floors caused several slips and falls. The Office of Occupational Safety and Health conducted training for collateral duty safety representatives to better prepare them to identify and correct the hazards causing these injuries. The Office of Occupational Safety and Health has also assisted bureaus in conducting inspections of work areas to identify hazards. In the near future the Office of Occupational Safety and Health will offer training to supervisors to prepare them to get employees involved in this effort.

Workers Compensation Claims Management Initiatives.

The Office of Occupational Safety and Health has analyzed the claims within the Office of the Secretary. As a result, action is being taken on three of the claims to clarify the current status the employee with the intent of returning them to work. A cost break down was done as a part of the analysis to show what each office within the Office of the Secretary spends for claims based on the employees injured.

The Office of Occupational Safety and Health is working with the Safety, Human Resources, and Budget Offices of the National Atmospheric and Oceanic Administration to identify line office claims cost, verify no employees on periodic rolls have died, identify any claims from employees who were or are not employees of the NOAA, and to provide budget cost data.

A database has been developed and is being populated with data for all claims. This database is compared to the Social Security Administrations Death Roster to identify employees on periodic rolls that may have died.

The Office of Occupational Safety and Health is currently providing cost data to some bureau budget offices. An offer was made to all bureau budget offices to provide them with claims cost information so that the costs can be budgeted for future years. All budget offices will receive this report in the near future.

When the workers' compensation contractor identifies an employee who can return to work from an injury or illness they will contact the Director of the Office of Occupational Safety and Health. A team will be formed with the bureau Budget Officer, Principal Human Resources Manager, Director of the Office of Occupational Safety and Health, and the employee's supervisor. This team will determine if there is an appropriate work assignment to return this employee to work. The team will facilitate returning the employee to work through the Department of Labor.

Department of Labor Initiative. On January 9, 2004, President Bush announced the Safety, Health and Return-to-Employment (SHARE) Initiative directing federal agencies to establish goals and track performance in four major areas. Federal agencies were charged with lowering workplace injury and illness case rates, lowering lost-time injury and illness case rates, improving timely reporting of injuries and illnesses, and reducing lost days resulting from work injuries and illnesses. The department met three of the four SHARE goals for Fiscal Year 2005. The data for the fourth goal has not been updated by the Department of Labor. This prevents the Department from determining its success with the goal.

Bureau Assessments.

During Fiscal Year 2005 four small Bureau Occupational Safety and Health programs were assessed. The reports from the assessments were evaluated and trends were identified. The common areas for improvement within those four bureaus were:

- Top management policy did not clearly establish a priority for safety and health to the employees of the agency.
- Supervisors did not receive training in their role and responsibility for safety and health.
- Job Hazard Analysis was not conducted for each employee.
- Annual inspections, job hazard analyses, and supervisory training were not completed at the field or regional office level.
- Baseline surveys for safety and health were only conducted for headquarters offices and not for field or regional office level.

The Office of Occupational Safety and Health will work with all small bureaus during Fiscal Year 2006 to correct these deficiencies. Look for initiatives to begin in the next quarter.

Health and Wellness. There are two topics for this month's health and wellness. Colds and Flu are topic number one and Hypothermia is topic number two.

Colds and Flu

Description.

A cold is a minor respiratory illness caused by several different viruses. A cold may last a week, but some can last longer, especially in children, elderly, and those in poor health. Colds are highly contagious. They are spread most often by an individual with a cold not washing his or her hands after blowing their nose, sneezing, or coughing and touching another person or an object touched by another person who then becomes infected.

Flu is an infection of the respiratory system caused by the influenza. Flu symptoms are more severe than those of a cold. The flu often comes on abruptly and can be fatal to children, elderly, people with chronic diseases; and people with weak immune systems.

Symptoms.

Cold

- Runny nose
- Congestion
- Sneezing
- Scratchy throat
- Cough
- Weakened senses of taste and smell

Flu

- High fever
- Cough
- Body and muscle aches

Prevention.

The best prevention for the flu is the flu vaccine. The best time to get a flu vaccine is early October to mid-November. Flu vaccines are needed every year because the virus is constantly changing and new vaccines are developed annually to protect against new strains. The flu vaccine policy has been distributed for the 2004/2005 flu season.

Avoid close contact with people who are showing the symptoms of a cold or the flu.

During the cold and flu season washing hands after coughing, sneezing, or blowing the nose can prevent the spread of germs. Also washing hands after touching someone who has a cold and after touching an object they have touched. If a child has a cold, wash his or her toys after play.

Keep hands and fingers away from the nose and eyes to avoid infecting oneself.

Cover the nose and mouth with a tissue when coughing or sneezing, then throw the tissues away and wash the hands.

When ill stay away from those who are most vulnerable: children, elderly, people with chronic diseases; and people with weak immune systems.

Hypothermia.

Description.

When the body is exposed to cold temperatures or a cool, damp environment for prolonged periods, its control mechanisms begin to fail. When more heat is lost than the body can generate, hypothermia develops. Symptoms usually develop slowly. Someone with hypothermia typically experiences gradual loss of mental acuity and physical ability and some may be unaware of the need for emergency medical treatment. The key sign of hypothermia is an internal body temperature that drops to less than 95 F.

Symptoms.

- Shivering
- Abnormally slow breathing
- Cold, pale skin
- Loss of coordination
- Fatigue, lethargy or apathy

Prevention.

Stay out of the water in the fall and winter. If involved in an accident (boat capsizing or fall while fishing) get out of the water quickly and seek assistance to get to a warm shelter and replace wet clothes with dry ones.

Dress properly for the weather. Dress in layers so that clothing can be taken off and put on to maintain a steady body temperature.

First Aid.

Move the person out of the cold. If going indoors isn't possible, protect the person from the wind, cover the head and insulate the body from the cold ground.

Remove wet clothing. Replace with a warm dry covering.

Dial 911 or call for emergency medical assistance. While waiting for help to arrive, monitor the person's breathing. If breathing stops or seems slow or shallow, begin cardiopulmonary resuscitation (CPR) immediately.

Don't apply direct heat. Don't use hot water, a heating pad, or a heating lamp to warm the victim. Don't attempt to warm the arms and legs. Heat applied to the arms and legs forces cold

blood back toward the heart, lungs and brain causing the core body temperature to actually drop. One may apply warm compresses to the neck, chest and groin

Don't give the person alcohol. Offer warm nonalcoholic drinks as long as the victim is conscious and not vomiting.

Don't massage or rub the person. Handle people with hypothermia gently because they are at risk of cardiac arrest.

Future health and wellness topics will include:

October 2005 – Dress to Stay Warm

November 2005 – Preventing alcohol abuse

December 2005 – Exercise

January 2006 – Stress

February 2006 – Outdoor Safety

March 2006 – Water Safety